

MONITORING OF SHEP NON-FATAL EVENTS

22-23 24-27 28-29 30-32 33 40
 Patient ID ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Acrostic ☐ ☐ ☐ ☐ ☐ ☐ Form No. SH 090 Ver No. 2 Seq No. ☐

3 36-37 38-39 34-35
 Date Received ☐ ☐ - ☐ ☐ - ☐ ☐
 Date of Initial Report ☐ ☐ - ☐ ☐ - ☐ ☐ 9 47-52
 Date of Onset ☐ ☐ - ☐ ☐ - ☐ ☐ 10 53-58

CHECK TYPE OF EVENT:

Stroke ☐ 11 59 TIA ☐ 12 60 MI ☐ 13 61 57
 LVF ☐ 14 62 Other ☐ 15 63 Admission to nursing home ☐
 Date of Final Report ☐ ☐ - ☐ ☐ - ☐ ☐ 16 64-69

DOCUMENTATION:

b = Not Rec'd 1 = Received 2 = N/A, Won't Receive

Hospital Records ☐ 49 70 CT Scan ☐ 50 71
 SH24 ☐ 51 72 SH27 ☐ 52 73 SH28 ☐ 53 74
 Date documentation complete: ☐ ☐ - ☐ ☐ - ☐ ☐ 17 75-80

CT scan to be coded? ☐ 18 81
 Date all CT coding received: ☐ ☐ - ☐ ☐ - ☐ ☐ 19 82-87

CT coding final? ☐ 20 88
 CT to be adjudicated? ☐ 21 89

Date CT adjudication complete: ☐ ☐ - ☐ ☐ - ☐ ☐ 22 90-95

Date event sent to coders: ☐ ☐ - ☐ ☐ - ☐ ☐ 23 96-101

Coder number: ☐ ☐ 24 102-103 ☐ ☐ 25 104-105 ☐ ☐ 26 106-107

Date all received from Coders: ☐ ☐ - ☐ ☐ - ☐ ☐ 27 108-113

Coding final? ☐ 28 114

Event to be adjudicated? ☐ 29 115

Date adjudicated: ☐ ☐ - ☐ ☐ - ☐ ☐ 30 116-121

CODING RESULTS:

- a. Stroke ☐ (b/1) 31 122
 b. Acute MI ☐ (b/1) 33 124
 c. Left ventricular failure ☐ (b/1) 34 125
 d. TIA ☐ (b/1) 32 123
 e. Coronary artery bypass surgery ☐ (b/1) 58 156
 f. Carotid endarterectomy or carotid bypass ☐ (b/1) 59 157
 g. Other coronary artery procedure,
 including angioplasty ☐ (b/1) 60 158
 Angioplasty ☐ 101 199
 Catheterization ☐ 102 200
 Other coronary procedure ☐ 103 201
 h. Other vascular surgery ☐ (b/1) 61 159
 i. Angina pectoris ☐ (b/1) 62 160
 j. Significant ventricular arrhythmia ☐ (b/1) 63 161
 k. Aortic aneurysm ☐ (b/1) 64 162
 l. Pulmonary embolism ☐ (b/1) 65 163
 m. Atrial fibrillation ☐ (b/1) 66 164
 n. Valvular heart disease ☐ (b/1) 67 165
 o. Cardiomyopathy ☐ (b/1) 68 166
 p. Left ventricular hypertrophy ☐ (b/1) 69 167
 q. Other cardiovascular ☐ (b/1) Specify:
 r. Renal disease ☐ (b/1) 71 169 70 168
 s. Diabetes mellitus ☐ (b/1) 72 170

Obsolete fields: 54 55 56

MONITORING OF SHEP NON-FATAL EVENTS

Patient ID ☐☐☐☐☐☐☐☐ Acrostic ☐☐☐☐☐☐ Form No. SH 090 Ver No. 2 Seq No. ☐

t. Neoplastic disease ☐ (b/1) ⁽⁷³⁾ 171 Specify site(s)
 Cancer primary site #1 ☐☐ ⁽¹⁰⁴⁾ 202-203 * See next page!
 Cancer primary site #2 ☐☐ ⁽¹⁰⁵⁾ 204-205
 Cancer primary site #3 ☐☐ ⁽¹⁰⁶⁾ 206-207

u. Gastrointestinal disease ☐ (b/1) ⁽⁷⁴⁾ 172

v. Respiratory disease ☐ (b/1) ⁽⁷⁵⁾ 173

w. Infectious disease ☐ (b/1) ⁽⁷⁶⁾ 174

x. Accident/injury ☐ (b/1) ⁽⁷⁷⁾ 175

y. Other non-cardiovascular ☐ (b/1) Specify:

z. Indeterminate ☐ (b/1) ⁽³⁶⁾ ⁽⁷⁸⁾ 176
 127

IF INDETERMINATE: e-z

e. Coronary artery bypass surgery ☐ (b/1) ⁽⁷⁹⁾ 177

f. Carotid endarterectomy or carotid bypass ☐ (b/1) ⁽⁸⁰⁾ 178

g. Other coronary artery procedure, ⁽⁸¹⁾ 179
 including angioplasty ☐ (b/1)

h. Other vascular surgery ☐ (b/1) ⁽⁸²⁾ 180

i. Angina pectoris ☐ (b/1) ⁽⁸³⁾ 181

j. Significant ventricular arrhythmia ☐ (b/1) ⁽⁸⁴⁾ 182

k. Aortic aneurysm ☐ (b/1) ⁽⁸⁵⁾ 183

l. Pulmonary embolism ☐ (b/1) ⁽⁸⁶⁾ 184

m. Atrial fibrillation ☐ (b/1) ⁽⁸⁷⁾ 185

n. Valvular heart disease ☐ (b/1) ⁽⁸⁸⁾ 186

o. Cardiomyopathy ☐ (b/1) ⁽⁸⁹⁾ 187

p. Left ventricular hypertrophy ☐ (b/1) ⁽⁹⁰⁾ 188

q. Other cardiovascular ☐ (b/1) ⁽⁹¹⁾ 189 Specify:

r. Renal disease ☐ (b/1) ⁽⁹²⁾ 190

s. Diabetes mellitus ☐ (b/1) ⁽⁹³⁾ 191 ⁽⁹⁴⁾ 192

t. Neoplastic disease ☐ (b/1) Specify site(s)

u. Gastrointestinal disease ☐ (b/1) ⁽⁹⁵⁾ 193

v. Respiratory disease ☐ (b/1) ⁽⁹⁶⁾ 194

w. Infectious disease ☐ (b/1) ⁽⁹⁷⁾ 195

x. Accident/injury ☐ (b/1) ⁽⁹⁸⁾ 196

y. Other non-cardiovascular ☐ (b/1) Specify:

z. Indeterminate ☐ (b/1) ⁽¹⁰⁰⁾ 198 ⁽⁹⁹⁾ 197

STROKE SUBTYPING: 128-133

Date stroke subtyping sent: ☐☐-☐☐-☐☐ ⁽³⁷⁾

Date subtyping received: ☐☐-☐☐-☐☐ ⁽³⁸⁾

Subtyping final ☐ ⁽³⁹⁾ 140 134-139

Adjudicated? ☐ (b/1) ⁽⁴⁰⁾ 141

Date subtype adjudication complete:

☐☐-☐☐-☐☐ ⁽⁴¹⁾ 142-147

STROKE SUBTYPE:

Subarachnoid hemorrhage ☐ ⁽⁴²⁾ 148

Intra parenchymal hemorrhage ☐ ⁽⁴³⁾ 149

Lacunar ☐ (b/1) ⁽⁴⁴⁾ 150

Embolic ☐ (b/1) ⁽⁴⁵⁾ 151

Atherosclerotic ☐ (b/1) ⁽⁴⁶⁾ 152

Unknown/ischemic ☐ (b/1) ⁽⁴⁷⁾ 153

Unknown type ☐ (b/1) ⁽⁴⁸⁾ 154

For SH90 fields 104, 105, and 106.

Cancer Site Codes			
01	Colon	25	Benign tumor (see code 99)
02	Rectum (see code 41)	26	Multiple myeloma
03	Lung	27	Vulva
04	Malignant melanoma	28	Head & neck
05	Skin, not melanoma	29	Bone
06	Breast	30	Muscle
07	Uterine, body	31	Salivary gland
08	Uterine	32	Polyyps, colon or rectal
09	Uterine	33	Leukemia
10	Ovarian	34	Vaginal
11	Prostate	35	Parathyroid adenoma
12	Lymphatic, hematopoietic	36	Thoracic meningioma - tumor on spinal cord
13	Liver	37	Pituitary
14	Bladder	38	Neck
15	Kidney	39	Thyroid
16	Pancreatic	40	Gall bladder
17	Gastric	41	Rectum (see code 02)
18	Esophagus	42	Ureter
19	Oral	43	Parotid gland
20	Pharynx	44	"Throat"
21	Upper larynx	45	Leiomyomasarcoma
22	Central nervous system	46	Fibrocystiocyoma
23	Other malignant neoplasm		
24	Unspecified primary site	99	Not cancer (other tumor) (see code 25)